IPDR6702				NORTH CAROLINA		P	AGE: 1	
	06/22/2008		II	PRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 06/26/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	2498	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		3102	2211	THE TAXONOMY CODE FOR THE BILL	46	14773	33895	19122
				ING PROVIDER IS MISSING				
		8536	1700	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404904	WESTERN HIGHLAN	8326	1283	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	DS LME			THIS CLAIM OR THE NPI SUBMITTE				
		8534	394	SERVICE FACILITY LOCATION IS N	(1957	16307	14350
		_		OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				-
							<u> </u>	
		8963	80	ATTENDING PROVIDER NPI IS NOT				
		+		NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				-
3404910	PATHWAYS	8326	1935	ATTENDING PROVIDER NUMBER WAS				
		+		NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				-
		21	1588	DUPLICATE OF CLAIM-SYSTEM	1	3894	7577	3683
		8800	228	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	868	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NT BUDGET				
		8326	87	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	(1134	4435	3301
			+	THIS CLAIM OR THE NPI SUBMITTE				
		8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8800	1309	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	ENTAL HEALT		+	FUTURE RA'S.				
		8326	1221	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	(4497	14288	9791
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	706	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				1
		+	1	BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8961	213	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS				
	VIORAL HEAL	+		TYPICAL. PLEASE RESUBMIT WITH				1
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		487	6488	6001
		+	1	FUTURE RA'S.				
		0206						
		8326	75	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				-
		_	1	THIS CLAIM OR THE NPI SUBMITTE				
2404017		0505	1067	CLAIM DENIED DUE DO TWOMPAGES				
3404917	CENTERPOINT HUM AN SERVICES	8505	1867	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				-
	PM SERVICES	+		-				
		2101	050					
		3101	252	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER	(2603	2640	37
		+	1	IS MISSING				
		11	200	OLIDAM NOR BLIGIBLE ON CREATER				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE DATE				

1	T	1		T.	T	П	T	
PROVIDER		HIGH DENIAL	NUMBER OF		TINIC	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	632	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	138	DETAIL NOT COVERED BY COMBINAT	0	995	3991	2996
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	84	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404920	ALAMANCE CASWEL	8326	116	ATTENDING PROVIDER NUMBER WAS				
	L AREA MH D			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0536	100	AMBRITATION DE CALLED DE MAION AND CO				
		8536	107	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	708	1261	553
				VALID FOR SUBMITTED BILLING PR				
				VALID FOR SUBMITTED BILLING PR				
		8505	105	CLAIM DENIED DUE TO INSUFFICIE				
	-	-303		NT BUDGET		 		
	-	1	 			 		
		1	 			 		
3404921	ODANGE PERSON -	8955	28	CLAIM SHOULD NOT CONTAIN BOTH				
	ORANGE PERSON C			NPI AND REFERRING		 		
	HATHAM AREA	-		PROVIDER NUMBER. REFERRING PR				
		-		THE PARTY OF THE P				
		0	0		-			_
		-	-		0	28	28	0
		1	 			 		
3404922	mun pupusu	8536	1288	ATTENDING PROVIDER TYPE AND SP		 		
J204922	THE DURHAM CENT	000	2200	ECIALTY COMBINATION IS NOT		 		
	ER			VALID FOR SUBMITTED BILLING PR				
		1	 	VALUE TOR SUBMITTED BIBLING PR		 		
		21	458	DUPLICATE OF CLAIM-SYSTEM	_			
		21	430	DOPELCATE OF CHAIM-SISIEM	0	2458	4973	2515
		8800	431	FURTHER PROCESSING NECESSARY,				
		0000	131	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				FUTURE RA'S.				
3404923		8534	138	SERVICE FACILITY LOCATION IS N				
3404923	FIVE COUNTY MH	0334	130	OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
				ATTENDING PROVIDER, OR THE NPT				
		8326	54	ATTENDING PROVIDER NUMBER WAS				
		0320	J.	NOT SUBMITTED ON	0	264	578	314
				THIS CLAIM OR THE NPI SUBMITTE				
				THE CAN'T ON THE ATT DODN'TTE				
		8800	24	FURTHER PROCESSING NECESSARY,				
		0000	27	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				FOTORE RA S.				
3404925		8800	998	FURTHER PROCESSING NECESSARY,				
3404923	SANDHILLS CENTE	0000	330	PLEASE CHECK FOR CLAIM ON				
	R FOR MH/DD	1	 	FUTURE RA'S.		 		
			-	COOKE AR S.				
		8326	279	ATTENDING PROVIDER NUMBER WAS				
		0,20	2/3	NOT SUBMITTED ON	5	1739	10304	8565
		-		THIS CLAIM OR THE NPI SUBMITTE				
		-		STATE OF THE MAL SUBMITTE				
		8599	108	DETAIL NOT COVERED BY COMBINAT				
	1		+ ·	ION OF RECIPIENT, PROVIDER AND		+		
		+		BENEFIT PACKAGE.				
		1	 					
3404926	SOUTHEASTERN RE	8961	1569	ATTENDING PROVIDER NPI IS MIS				
	G MENTAL HL	1	 	SING. ATTENDING PROVIDER IS		 		
	O MENTAL III	1	 	TYPICAL. PLEASE RESUBMIT WITH				
		1	 					
		8505	972	CLAIM DENIED DUE TO INSUFFICIE	4	4649	9638	4989
			 	NT BUDGET	4	4049	9038	4709
								i .
		8534	490	SERVICE FACILITY LOCATION IS N				
		8534	490	SERVICE FACILITY LOCATION IS N OT A VALID IPRS				
		8534	490					
		8534	490	OT A VALID IPRS				
3404927	CIMARRIAND CO M	8534	490	OT A VALID IPRS				
3404927	CUMBERLAND CO M			OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT				
3404927	CUMBERLAND CO M			OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT				
3404927				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT				
3404927			1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBNIT NITH CORRECT NPI NUMBER.		2044	7570	4626
3404927		8963		OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT	0	3044	7670	4626
3404927		8963	1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	3044	7670	4626
3404927		8963	1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT NITH CORRECT NPI NUMBER. ATTENDING PROVIDER NUMBER WAS	0	3044	7670	4626
3404927		8963 8326	1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBNIT WITH CORRECT NPI NUMBER. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	3044	7670	4626
3404927		8963	1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	3044	7670	4626
3404927		8963 8326	1486	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLAIM DENIED DUE TO INSUFFICIE	0	3044	7670	4626

						1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	40	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		8957	1	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING	0	42	44	
				PROVIDER NUMBER. ATTENDING PR				
			_	PROVIDER NOMBER. ATTENDING PR				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404931	WAKE CO HUM SVC	8505	3308	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		0000	477	FURTHER PROCESSING NECESSARY,				
		8800	471	PLEASE CHECK FOR CLAIM ON	12	4592	6373	178
				FUTURE RA'S.				
				TOTAL INTO				
		8536	212	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT	8505	15530	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		1						
		0205	000	AMERICAN AND ADDRESS AND ADDRE				
		8326	980	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	17691	19919	222
		+		THIS CLAIM OR THE NPI SUBMITTE				
				THE CHIEF OR THE REE COMMETTE				
		8800	664	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW CARTERET	8505	507	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL			NT BUDGET				
		8326	319	ATTENDING PROVIDER NUMBER WAS	0	1305	1630	32
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	118	FURTHER PROCESSING NECESSARY,				
		0000	110	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
2404027		0505	300	OLATA DENTED DUE DO TROUBLEST				
3404937	THE BEACON CENT	8505	390	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ER			NT BUDGET				
		+						
 		8800	307	FURTHER PROCESSING NECESSARY,	0	873	2549	167
		+		PLEASE CHECK FOR CLAIM ON	1	6/3	2549	10/
		1		FUTURE RA'S.				
		8534	58	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
		1		ATTENDING PROVIDER, OR THE NPI				
24040		0000	161					
3404939	EAST CAROLINA B	8800	464	FURTHER PROCESSING NECESSARY,				
	EHAVIORAL H	+	1	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		+		2010KB KB 3.				
		8326	100	ATTENDING PROVIDER NUMBER WAS	0	824	7420	659
		-520		NOT SUBMITTED ON	0	824	7420	659
		+	1	THIS CLAIM OR THE NPI SUBMITTE				
		+						
	1	7001	80	EXCEEDS THE ONE PER DAY LIMITA				
			1	TION				
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
3404942		0	0	*** NO DATA TO REPORT ***				
3404942		0		*** NO DATA TO REPORT ***				
3404942		0	0	*** NO DATA TO REPORT ***	0	0	0	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	1850	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
	D HEADTH CE							
		8599	156	DETAIL NOT COVERED BY COMBINAT		6 2146	2385	23:
		****		ION OF RECIPIENT, PROVIDER AND		6 2146	2385	23
				BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
		8326	33	ATTENDING PROVIDER NUMBER WAS				
		0320	33	NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404944	EASTPOINTE HUMA	8326	1983	ATTENDING PROVIDER NUMBER WAS				
	N SERVICES			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	903	CLAIM DENIED DUE TO INSUFFICIE		0 3049	5733	268
				NT BUDGET				
		8800	53	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404946	DOOMINTEE O ADDAM	8505	1493	CLAIM DENIED DUE TO INSUFFICIE				
	FOOTHILLS AREAM			NT BUDGET				
	ENTAL HEALT			NI BODGEI				
		537	148	PROCEDURE IS NOT COVERED FOR T				
		537	148			0 2153	4563	241
				HIS DATE OF SERVICE				
		21	121	DUPLICATE OF CLAIM-SYSTEM				
3404949	PIEDMONT BEHAVI	11	3348	CLIENT NOT ELIGIBLE ON SERVICE				
	ORAL HEALTH			DATE				
		537	1352	PROCEDURE IS NOT COVERED FOR T		0 7824	21339	13515
				HIS DATE OF SERVICE				
		8536	707	ATTENDING PROVIDER TYPE AND SP				1
				The state of the s	ı			10
				ECIALTY COMBINATION IS NOT				